



Medicare Preventive Services...

...To Help Keep You Healthy

There are steps you can take to lower your risk of disease and illness. Medicare is providing coverage for these preventive services to help you stay healthy. Medicare will cover:

- ⊕ Tests for breast cancer, cervical cancer, vaginal cancer, and colorectal cancer;
- ⊕ Bone mass measurements;
- ⊕ Diabetes monitoring and diabetes self-management; and
- ⊕ Flu, pneumonia, and Hepatitis B shots.
- ⊕ Prostate cancer screening tests.

These new, valuable benefits from Medicare may be the key to long lasting good health. Talk with your doctor about your risk of developing these health problems and your need for these preventive services.

This pamphlet includes:

- ⊕ A chart that explains which preventive services are covered by Medicare, for whom they are covered, and what you pay.
- ⊕ Cards with more detailed information on some of the preventive benefits. You can tear these out and put them on your calendar or refrigerator as a reminder, or you can take them to your doctor so that you can talk about the preventive services that Medicare covers.



Medicare Preventive Services — Added Benefits to Help You Stay Healthy

Covered Service	Who is Covered	What You Pay
Bone Mass Measurements: Varies with your health status.	Certain people with Medicare who are at risk for losing bone mass.	20% of the Medicare-approved amount or a set coinsurance amount after the yearly Part B deductible.
Colorectal Cancer Screenings: <ul style="list-style-type: none"> • Fecal Occult Blood Test - Once every 12 months. • Flexible Sigmoidoscopy - Once every 48 months. • Colonoscopy - Once every 24 months if you are at high risk for cancer of the colon. • Barium Enema - Doctor can substitute for sigmoidoscopy or colonoscopy. 	All people with Medicare age 50 and older. However, there is no age limit for having a colonoscopy.	Nothing for the fecal occult blood test. For all other tests, 20% of the Medicare-approved amount after the yearly Part B deductible. Your costs may be different if you get these services in a hospital.
Diabetes Monitoring: Includes coverage for glucose monitors, test strips, and lancets. Diabetes self-management training.	All people with Medicare who have diabetes (insulin users and non-users). If requested by your doctor.	20% of the Medicare-approved amount after the yearly Part B deductible.
Mammogram Screening: Once every 12 months. You can get one baseline mammogram between ages 35 and 39.	All women with Medicare age 40 and older.	20% of the Medicare-approved amount with no Part B deductible.
Pap Smear and Pelvic Examination: (Includes a clinical breast exam) Once every 36 months. Once every 12 months if you are at high risk for cervical or vaginal cancer, or are of childbearing age and had an abnormal Pap smear in the past 36 months.	All women with Medicare.	Nothing for the Pap smear lab test. For Pap smear collection, pelvic and breast exams, 20% of the Medicare-approved amount or a set coinsurance amount with no Part B deductible.
Prostate Cancer Screening: <ul style="list-style-type: none"> • Digital Rectal Examination - Once every 12 months. • Prostate Specific Antigen (PSA) Test - Once every 12 months. 	All men with Medicare age 50 and older.	20% of the Medicare-approved amount after the yearly Part B deductible. No coinsurance and no Part B deductible for the PSA Test.
Shots (Vaccinations): <ul style="list-style-type: none"> • Flu Shot - Once every flu season. • Pneumonia Shot - One may be all you ever need, ask your doctor. • Hepatitis B Shot - If you are at medium to high risk for hepatitis. 	All people with Medicare.	Nothing for flu or pneumonia shots if the health care provider accepts the assignment. For Hepatitis B shots, 20% of the Medicare-approved amount or a set coinsurance amount after the yearly Part B deductible.

Colorectal Cancer Screening

Which colorectal screening benefits are covered under Medicare?

Medicare covers:

- ⊕ A screening fecal occult blood test (FOBT),
- ⊕ Flexible sigmoidoscopy, and
- ⊕ Screening colonoscopy.

The FOBT and the flexible sigmoidoscopy are considered to be general preventive screenings. However, if you are at high risk for colorectal cancer, Medicare will cover a screening colonoscopy. Medicare also covers a barium enema if your doctor decides that a barium enema should be performed instead of a flexible sigmoidoscopy or screening colonoscopy. (over)

Call 1-800-4CANCER or visit www.nci.nih.gov for more health information.



Mammography Screening

Which breast cancer screening benefits are covered under Medicare? How often are they covered?

Medicare will pay for a mammogram every 12 months. Regular mammography screenings can save your life.

Who is eligible to receive a mammography screening?

All women with Medicare age 40 or older are eligible for mammography screenings every 12 months. Medicare also pays for one baseline mammogram for female Medicare beneficiaries between ages 35 and 39. (over)

Call 1-800-4CANCER or visit www.nci.nih.gov for more health information.



Flu, Pneumonia, and Hepatitis B Shots (Vaccinations)

Which preventive shots are covered by Medicare?

Flu shots, pneumonia shots, and Hepatitis B shots are covered by Medicare. Flu, pneumonia, and hepatitis can be life threatening to the elderly.

Who is eligible to receive these shots?

All people with Medicare are eligible for flu shots and pneumonia shots. Hepatitis B shots are covered only for persons at risk for Hepatitis B, such as those with end-stage renal disease or hemophilia.

(over)

Call 1-800-MEDICARE or visit www.medicare.gov for more health information.



Pap Smear and Pelvic Exams (Includes Clinical Breast Exam)

Does Medicare cover screenings to find cervical and vaginal cancers?

Medicare covers Pap smears and pelvic exams to check for cervical and vaginal cancers. In addition to the pelvic exam, a clinical breast exam is also covered to check for breast cancer.

Who is eligible to receive Pap smears and pelvic exams?

All women with Medicare are eligible. (over)

Call 1-800-MEDICARE or visit www.medicare.gov for more health information.



Mammography Screening—Continued

Am I at high risk for breast cancer?

Simply getting older increases breast cancer risk. The older you are, the greater your chance of getting breast cancer. However, several factors that could place you at higher risk include:

- ⊕ If you had breast cancer before;
- ⊕ If you have a family history of breast cancer—that is, a mother, sister, daughter or two or more close relatives who had breast cancer; or
- ⊕ If you had your first baby after the age of 30, or if you never have had a baby.

How do I get more information about breast cancer and mammography screening?

Discuss breast cancer risk or screening with your doctor, or call the National Cancer Institute at 1-800-4-CANCER or visit www.nci.nih.gov for more information.

Pap Smear and Pelvic Exams—Continued

How often will Medicare cover a Pap smear and pelvic exam?

A Pap smear and pelvic exam are covered by Medicare once every 36 months. However, if you are a woman of child bearing age and have had an abnormal Pap smear within the past 36 months, or you are at high risk for cervical or vaginal cancer, Medicare will cover a Pap smear and pelvic exam every 12 months.

Who is at high risk for cervical or vaginal cancer?

Risk for cervical cancer is increased if you have had an abnormal Pap test, if you have had cancer before, or if you have been infected with the human papilloma viruses (HPVs). If you began having sexual intercourse before the age of 16, or if you have had many sexual partners, you also have a greater cervical cancer risk. Risk for vaginal cancer is increased for daughters of women who took DES during pregnancy.

Colorectal Cancer Screening—Continued

Who is eligible to get a colorectal screening?

All people with Medicare age 50 or older are eligible for colorectal screenings. However, there is no age limit for colonoscopies.

How often will Medicare cover colorectal exams?

A fecal occult blood test is covered once every 12 months and a sigmoidoscopy once every 48 months. If you are at high risk for colorectal cancer, Medicare covers a colonoscopy every 24 months. A doctor can substitute a barium enema for a sigmoidoscopy or colonoscopy.

Who is at high risk for colorectal cancer?

After age 40, colorectal cancer risk increases with age and throughout life. Your risk is greater if you have a history of inflammatory bowel disease, colorectal cancer, or polyps. You are also at greater risk if you have a family history of colorectal cancer or polyps, or have certain hereditary syndromes.

Flu, Pneumonia and Hepatitis B Shots—Continued

How often will Medicare cover these shots?

Medicare pays for a flu shot every year. You should get one each year between October and December. Medicare will also pay for a pneumonia shot, which you should get by age 65. Most people only need to get this shot once in their lifetime. Medicare will pay for a Hepatitis B shot if you are at medium to high risk for Hepatitis B.

Who is at risk for flu, pneumonia, or Hepatitis B?

Flu and pneumonia infections can be life-threatening for elderly people. All adults 65 and older should get flu and pneumonia shots. Those at medium or high risk for Hepatitis B include individuals with end-stage renal disease or hemophilia.